

OHIO TRAFFIC CRASH REPORT

OH-1 (Rev. 1-82)

LOCAL REPORT NO.		OH-2 OH-3		Lebanon Police		0 8 3 0 3 0 0		ODHS USE ONLY - DO NOT MARK ABOVE																											
REPORT TAKEN	<input checked="" type="checkbox"/> AT STATION <input type="checkbox"/> AT SCENE	NO OF VEH PEDESTRIANS INVOLVED		2		CRASH SEVERITY (CHECK MOST SEVERE)		COMBINED VEH/PROP LOSS		<input type="checkbox"/> OVER \$150 <input type="checkbox"/> UNDER \$150		HIT SKIP		<input type="checkbox"/> SOLVED <input type="checkbox"/> UNSOLVED																					
IN COUNTY OF WARREN		IN CITY		LEBANON		DATE OF CRASH:		DAY		TIME: MILITARY																									
CRASH OCCURRED ON		1916 Drake Rd. (Parking Lot)		WITHIN THE INTERSECTION OF																															
IF NOT IN INTERSECTION		N		E		OF		CITY CODE		8303																									
LOG-1		LOG-2		LOG		JUR		FH9		FILT																									
A		UNIT NO.		01		NO OF OCCUPANTS		01		OPERATING		PARKED		DRIVERLESS		HIT & RUN NON CONTACT		INSURANCE CO OR AGENT		Frankenmuth Mutual															
DRIVER-PEDESTRIAN NAME (LAST, FIRST, MI)		Smith, Emily M.		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		39 Timberwood Ct. Lebanon, OH 45036																													
PHONE NO.		513-507-1128		BIRTH DATE		12/19/96		AGE		17		SEX		F		SOCIAL SECURITY NO.		STATE		OH		DRIVER'S LICENSE NO.		4B360268		OCCUPATION									
OWNER (IF SAME AS DRIVER, WRITE SAME)		Smith, Jennifer		ADDRESS		Same		PHONE		Same																									
VEH YR		2007		MAKE		Mits		MODEL		Endeavor		COLOR		Silver		STYLE		SW		STATE		OH		LICENSE PLATE NO.		ESY7718		TOWING SERVICE		VEH/PED DIR					
CIRCLE DAMAGE AREAS		1		2		3		4		5		9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
8		UNIT NO.		02		NO OF OCCUPANTS		01		OPERATING		PARKED		DRIVERLESS		HIT & RUN NON CONTACT		INSURANCE CO OR AGENT		Eerie Ins.															
DRIVER/PEDESTRIAN NAME (LAST, FIRST, MI)		Wright, Megan T.		ADDRESS (NO., STREET, CITY, STATE, ZIP CODE)		561 Little Creek Dr.																													
PHONE NO.		513-228-0066		BIRTH DATE		07/02/96		AGE		17		SEX		F		SOCIAL SECURITY NO.		STATE		OH		DRIVER'S LICENSE NO.		UA139823		OCCUPATION									
OWNER (IF SAME AS DRIVER, WRITE SAME)		Wright, Richard		ADDRESS		Same		PHONE		Same																									
VEH YR		2008		MAKE		Saturn		MODEL		Aura		COLOR		White		STYLE		7S		STATE		OH		LICENSE PLATE NO.		FLW5032		TOWING SERVICE		VEH/PED DIR					
CIRCLE DAMAGE AREAS		1		2		3		4		5		9 TOP		10 UNDER CAR		11 LOAD		12 TRAILER		DAMAGE SEVERITY		<input checked="" type="checkbox"/> NON-FUNCTIONAL <input type="checkbox"/> FUNCTIONAL <input type="checkbox"/> DISABLING		DAMAGE SCALE		<input type="checkbox"/> NONE <input checked="" type="checkbox"/> LIGHT <input type="checkbox"/> MODERATE <input type="checkbox"/> HEAVY		VEHICLE DISPOSITION		<input checked="" type="checkbox"/> DRIVEN AWAY <input type="checkbox"/> REMAINED AT SCENE <input type="checkbox"/> TOWED		FIRE		<input checked="" type="checkbox"/> NO FIRE <input type="checkbox"/> FIRE DUE TO CRASH <input type="checkbox"/> OTHER FIRE	
C		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		SEX		POSITION		INJURIES																					
D		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		SEX		P-PEDESTRIAN		RESTRAINTS		ALCOHOL																			
E		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		SEX		EJECTION		DRUGS																					
F		FROM UNIT NO.		NAME (LAST, FIRST, MI)		BIRTH DATE		AGE		SEX		EJECTION		DRUGS																					
A		B		C		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F			
D		E		F		INJURED TAKEN TO		By		A		B		C		D		E		F		A		B		C		D		E		F			
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